

Insurance Company Code Request Form

Send To: Third Party Recovery Section
Division of Medical Assistance
2508 Mail Service Center
Raleigh, NC 27699-2508

Attn: Cost Avoidance Unit

Re: Medicaid Recipient's Name:
Medicaid ID No.:

The above Medicaid/AFDC case has health and/or accident insurance policy with the following insurance company that does not appear in the TPR Insurance Company Code Table. **We have verified and indicated the name, address, and telephone number where claims are submitted. A COPY OF THE INSURANCE CARD (FRONT AND BACK) HAS BEEN ATTACHED ALONG WITH THE FRONT AND BACK OF SEPARATE PRESCRIPTION DRUG CARD (IF APPLICABLE).**

Insurance Company Name: _____

Address: _____

Telephone Number: _____

Claim filed initially to employer: Yes No

Group/Employer: _____

Address: _____

Telephone Number: _____

Claim filed initially to employer: Yes No

Policyholder's Name: _____

SSN of Policyholder: _____

Certificate/Policy No.: _____

Sincerely

(TITLE)

(COUNTY)